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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P161300
First Named Inventor	MONGOMERY, Sonya
COMPLETE IF KNOWN	
Application Number	09 / 662,706
Filing Date	September 15, 2000
Group Art Unit	3736
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND PROCESS FOR CONDITIONING MAMMALIAN BLOOD

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/154,215	09/16/1999	<input type="checkbox"/>

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label **022839** OR Correspondence address below

Name **RICHES, MCKENZIE & HERBERT LLP**

Address **2 Bloor Street East, Suite 2900**

Address

City Toronto	State Ontario	ZIP M4W 3J5
Country CANADA	Telephone (416) 961-5000	Fax (416) 961-5081

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Sonya	Family Name or Surname MONGOMERY
Inventor's Signature	Date , 2000

Residence: City Mississauga	State Ontario	Country Canada	Citizenship Canadian
------------------------------------	----------------------	-----------------------	-----------------------------

Mailing Address **c/o 2155 Dunwin Drive, Suite 10**

Mailing Address

City Mississauga	State Ontario	ZIP L5L 4M1	Country Canada
-------------------------	----------------------	--------------------	-----------------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Jeff	Family Name or Surname DAYMAN
Inventor's Signature	Date , 2000

Residence: City Waterloo	State Ontario	Country Canada	Citizenship Canadian
---------------------------------	----------------------	-----------------------	-----------------------------

Mailing Address **90 rose Lea Crescent**

Mailing Address

City Waterloo	State Ontario	ZIP N2J 4M7	Country Canada
----------------------	----------------------	--------------------	-----------------------

Additional inventors are being named on the **3** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>	
-------------	--	---	--

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Allen		MUIRHEAD						
Inventor's Signature	X						Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 2155 Dunwin Drive, Suite 10							
Post Office Address								
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada	
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Paul		MOORE						
Inventor's Signature	X Paul Mui						Date	X 11/27/00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 2155 Dunwin Drive, Suite 10							
Post Office Address								
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada	
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Taras		WORONA						
Inventor's Signature	X						Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 2155 Dunwin Drive, Suite 10							
Post Office Address								
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Simon		TREADWELL						
Inventor's Signature							Date	/00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 2155 Dunwin Drive, Suite 10							
Post Office Address								
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada	
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Murray		VOAKES						
Inventor's Signature							Date	/00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 2155 Dunwin Drive, Suite 10							
Post Office Address								
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada	
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Thomas		PORTER						
Inventor's Signature							Date	/00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 61 Research Road							
Post Office Address								
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada	

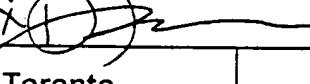
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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>			
Name of Additional Joint Inventor, if any:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Carlton				CHONG			
Inventor's Signature					Date	X /00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Liung Sen				LIAO			
Inventor's Signature					Date	X /00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Duncan				NEWMAN			
Inventor's Signature					Date	X 12/6/00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada

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Application Number	09 / 662,706
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Examiner Name	

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(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

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			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Simon				TREADWELL			
Inventor's Signature				Date	Nov 28 X /00		
Residence: City	TORONTO Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10 4214 DUNDA ST W. SUITE 102						
Post Office Address							
City	TORONTO Mississauga	State	Ontario	ZIP	M8X 1Y6 L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Murray				VOAKES			
Inventor's Signature				Date	X /00		
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Inventor's Signature				Date	X /00		
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Carlton				CHONG			
Inventor's Signature					Date	/00	
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Liung Sen				LIAO			
Inventor's Signature					Date	/00	
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Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
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Duncan				NEWMAN			
Inventor's Signature					Date	/00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label **022839** OR Correspondence address below

Name **RICHES, MCKENZIE & HERBERT LLP**

Address **2 Bloor Street East, Suite 2900**

Address

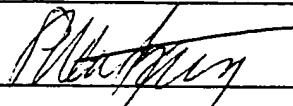
City **Toronto** State **Ontario** ZIP **M4W 3J5**

Country **CANADA** Telephone **(416) 961-5000** Fax **(416) 961-5081**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name **Sonya** Family Name or Surname **MONGOMERY**
(first and middle [if any])

Inventor's Signature  Date **X Nov 24 , 2000**

Residence: City **Mississauga** State **Ontario** Country **Canada** Citizenship **Canadian**

Mailing Address **c/o 2155 Dunwin Drive, Suite 10**

Mailing Address

City **Mississauga** State **Ontario** ZIP **L5L 4M1** Country **Canada**

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name **Jeff** Family Name or Surname **DAYMAN**
(first and middle [if any])

Inventor's Signature  Date **X , 2000**

Residence: City **Waterloo** State **Ontario** Country **Canada** Citizenship **Canadian**

Mailing Address **90 rose Lea Crescent**

Mailing Address

City **Waterloo** State **Ontario** ZIP **N2J 4M7** Country **Canada**

Additional inventors are being named on the **3** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

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DECLARATION
ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Allen		MUIRHEAD					
Inventor's Signature	<i>X Allen Muirhead.</i>						Date <u>27</u> / <u>Nov. 100</u>
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Paul		MOORE					
Inventor's Signature	<i>X</i>						Date <u>X</u> / <u>00</u>
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Taras		WORONA					
Inventor's Signature	<i>X</i>						Date <u>X</u> / <u>00</u>
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Simon		TREADWELL						
Inventor's Signature	<input checked="" type="checkbox"/>						Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 2155 Dunwin Drive, Suite 10							
Post Office Address								
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Murray		VOAKES						
Inventor's Signature	<input checked="" type="checkbox"/> <i>Murray</i>						Date	X Dec 11 /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 2155 Dunwin Drive, Suite 10							
Post Office Address								
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Thomas		PORTER						
Inventor's Signature	<input checked="" type="checkbox"/>						Date	X /00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 61 Research Road							
Post Office Address								
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

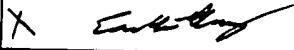
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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Carlton				CHONG			
Inventor's Signature							
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Liung Sen				LIAO			
Inventor's Signature							
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Duncan				NEWMAN			
Inventor's Signature							
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P161300
First Named Inventor	MONGOMERY, Sonya
COMPLETE IF KNOWN	
Application Number	09 / 662,706
Filing Date	September 15, 2000
Group Art Unit	3736
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND PROCESS FOR CONDITIONING MAMMALIAN BLOOD

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/154,215	09/16/1999	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number **022839** Correspondence address below

Name **RICHES, MCKENZIE & HERBERT LLP**

Address **2 Bloor Street East, Suite 2900**

Address

City Toronto	State Ontario	ZIP M4W 3J5
Country CANADA	Telephone (416) 961-5000	Fax (416) 961-5081

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Sonya	Family Name or Surname MONGOMERY
--	--

Inventor's Signature 	Date X , 2000
--	----------------------

Residence: City Mississauga	State Ontario	Country Canada	Citizenship Canadian
------------------------------------	----------------------	-----------------------	-----------------------------

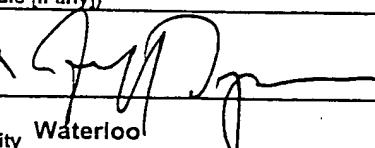
Mailing Address **c/o 2155 Dunwin Drive, Suite 10**

Mailing Address

City Mississauga	State Ontario	ZIP L5L 4M1	Country Canada
-------------------------	----------------------	--------------------	-----------------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Jeff	Family Name or Surname DAYMAN
---	---

Inventor's Signature 	Date X 5 Dec , 2000
--	----------------------------

Residence: City Waterloo	State Ontario	Country Canada	Citizenship Canadian
---------------------------------	----------------------	-----------------------	-----------------------------

Mailing Address **90 rose Lea Crescent**

Mailing Address

City Waterloo	State Ontario	ZIP N2J 4M7	Country Canada
----------------------	----------------------	--------------------	-----------------------

Additional inventors are being named on the **3** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>	
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Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Allen		MUIRHEAD					
Inventor's Signature	X					Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Paul		MOORE					
Inventor's Signature	X					Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Taras		WORONA					
Inventor's Signature	X T. WORONA					Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>	
-------------	--	---	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Simon		TREADWELL						
Inventor's Signature	X						Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 2155 Dunwin Drive, Suite 10							
Post Office Address								
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Murray		VOAKES						
Inventor's Signature	X						Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 2155 Dunwin Drive, Suite 10							
Post Office Address								
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Thomas		PORTER						
Inventor's Signature	X Tom Porter						Date	X 12/16/00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada	
Post Office Address	c/o 61 Research Road							
Post Office Address								
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada	

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>			
Name of Additional Joint Inventor, if any:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Carlton				CHONG			
Inventor's Signature					Date	X /00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname			
Liung Sen				LIAO			
Inventor's Signature					Date	X 12/06/00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:					<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname			
Duncan				NEWMAN			
Inventor's Signature					Date	X /00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Sonya Mongomery, et al.)
Application No.: 09/662,706) Group Art Unit: Unassigned
Filed: September 15, 2000) Examiner: Unassigned
For: APPARATUS AND PROCESS FOR)
CONDITIONING MAMMALIAN)
BLOOD)

REVOCATION AND NEW POWER OF ATTORNEY
BY ASSIGNEE OF ENTIRE INTEREST

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

As the Assignee of the entire interest in the above-identified application, all powers of attorney previously given are hereby revoked, and Gerald F. Swiss, Reg. No. 30,113; Mary Ann Dillahunty, Reg. No. 34,576; Leslie J. Boley, Reg. No. 41,490; Rebecca M. Hale, Reg. No. 45,680; Ping F. Hwung, Reg. No. 44,164; Cindy A. Lynch, Reg. No. 38,699; Larry S. Squires, Reg. No. 24,060; Teresa Stanek Rea, Reg. No. 30,427; and R. Danny Huntington, Reg. No. 27,903, are hereby appointed to prosecute and transact all business in the Patent and Trademark Office connected with the above-identified application. The Assignee has reviewed documentary and certifies that to the best of its knowledge and belief it is the owner of the entire right, title and interest in and to the above-identified application.

Please direct all telephone calls and correspondence to:

Gerald F. Swiss, Esq.
BURNS, DOANE, SWECKER & MATHIS, L.L.P.
P.O. Box 1404
Alexandria, Virginia 22313-1404
(650) 622-2300



21839

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

Application No. 09/662,706
Attorney's Docket No. 033136-151
Page 2

Date: 8 May 2001.

Signature:



Name: Kevin Donelan
Title: Director
Company: Vasogen Ireland Limited